



STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200  
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

## MORTGAGE BROKER LICENSING EXAMINATION SCHEDULE

| <u>EXAM DATE</u>  | <u>DAY</u> | <u>TIME</u>       | <u>REGISTRATION DEADLINE:</u> |
|-------------------|------------|-------------------|-------------------------------|
| January 16, 2004  | Friday     | 9:00 am – Noon    | January 2, 2004               |
| January 16, 2004  | Friday     | 1:30 pm – 4:30 pm | January 2, 2004               |
| February 20, 2004 | Friday     | 9:00 am – Noon    | February 6, 2004              |
| March 26, 2004    | Friday     | 9:00 am – Noon    | March 12, 2004                |
| April 30, 2004    | Friday     | 9:00 am – Noon    | April 16, 2004                |

---

Please use one page per person to register for the examination:

- 1) Circle the desired date above and complete the information below.
- 2) Fax or mail this form to the Division of Consumer Services as per letterhead above for receipt on or before registration deadline date.
- 3) Approximately four days before the exam, you will receive a confirmation (by fax or e-mail, if possible) that will include instructions, sample questions, and driving directions to the testing site in Olympia, Washington.
- 4) Seating is limited. Confirmation will be made on a first come, first served basis.
- 5) DFI does not provide study material. See WAC 208-660-045 for a list of tested topics.
- 6) Additional information is available from our website or e-mail questions to [DCS@dfi.wa.gov](mailto:DCS@dfi.wa.gov).

Candidate Name: \_\_\_\_\_  
First Middle Initial Last

Photo ID: \_\_\_\_\_  
Issuer Number

Residence Address: \_\_\_\_\_  
Street City State Zip

Home phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

☐ I would like to schedule an appointment for a pre-filing conference to discuss my application.

If special assistance or accommodations are required due to disability, please indicate need:

---